

he is convinced that it should be carried out in all cases, inasmuch as the condition is otherwise without hope, and interference has secured notable improvement. There are risks to be guarded against, but these can be avoided by limitation of the extent of the operation undertaken at the time.

A. F.

RETURN OF KNEE-JERKS AFTER HEMIPLEGIA IN A TABETIC.

J. Hughlings Jackson (*British Medical Journal*, July 11, 1891) reports the case of a man, aged 49, with syphilitic history, who had been tabetic about twelve years, when he was attacked twice with hemiplegia on the right side. Forty-seven days after the onset of the second attack the knee-jerk, which had previously been absent, returned on the right side. Afterwards it was noticed that on the left side it could also be elicited, but with difficulty. The hemiplegia was not considered to be a tabetic symptom. The author presumes that the return of the knee-jerk was contemporaneous with the establishment of sclerosis of fibres of the pyramidal tract in the bundle of deep fibres of the lateral column. Before the lateral sclerosis was well established, it may be that from the sclerosis of the posterior columns there were too few fibres left intact in those columns for strong enough impulses to act upon the anterior horns concerned, so as to produce the jerk. Upon the ensuing of lateral sclerosis, the anterior horns became more excitable. Thus it may be that, after this change in the horns, the few fibres left intact in the posterior columns were sufficient for action on the horns so that the jerk could be elicited.

A. F.

RESPONSES TO THE ALTERNATING GALVANIC CURRENT IN NORMAL AND DEGENERATE MUSCLES.

A paper by M. A. Starr, M.D., and C. I. Young, A.B. (*Am. Jour. of the Med. Sciences*, Oct. 1891), contains the results of researches made by the latter upon the muscles of his own person. He shows that the length and duration of stimulus required to cause contraction in a paralyzed muscle varies in accordance with the degree of progress toward recovery; also with the subjective feeling of strength; and also in dependence upon the use of strychnine

in interrupted or continuous doses. According to Dr. Starr, the practical result of this is to enable a physician by careful measurements to construct a prognostic curve which will enable him to give certain hope of recovery to a patient completely paralyzed, or will establish the unfortunate fact of a permanent loss of power. It also makes it evident that in using arsenic or strychnine as a stimulus to the spinal cord it is better to give the drug for short periods with intermissions than continuously. A. F.

POST-ECLAMPTIC AMNESIA.

In the *Union Médicale*, October 24, 1891, there is noted a case of this kind in the service of Dr. Bidon. The patient, twenty-eight years old, had several eclamptic seizures at the beginning of labor and others afterwards. The next day her marriage and everything connected with her recent personal history she had completely forgotten. Following eclampsia, isolated words, figures and the most recent events are not the only things that are completely lost to memory. Years may slip out of remembrance. L. F. B.

ABSCESS OF THE TEMPORAL LOBE.

The *Languedoc Médicale*, November 15, 1891, cites an interesting case reported by Dr. A. Babinsky. A child of five inserted a pea into the left ear, where it remained in spite of syringing until suppuration took place and its extraction thus became possible. Two or three weeks later fever and left-sided headache appeared, especially at night, with slow, irregular pulse, scaphoid retraction of the abdomen, and a slight degree of opisthotonus and drowsiness, these symptoms at first suggesting meningitis. When taken to the hospital there were no direct cerebral symptoms, no pupillary inequality, no difficulty in ocular movement. The facial nerve was not implicated; mobility and sensation remained normal. A week later the left pupil began to contract, the pulse, always irregular, now marked sixty-four beats, and the general condition was highly unsatisfactory in spite of normal temperature. In a few days percussion revealed pain in the temporal region. Then the general condition varied for a while, followed by a notable aggravation of the symptoms, violent pains in the head, diminished pulse beat, apathy, delirium with outcries, and a tendency to somnolence. A diagnosis of abscess in the